* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								- 71 -	Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ADAMS	Colorado Access	Access Advantage	•						\$28.92	\$28.92			•	g			83	•
	Fidelis SecureCare of Colorado	Fidelis SecureCare of Colorado	•					+	\$28.50	\$28.50		1	•				90	
	Humana Insurance Company	HumanaChoicePPO PPO H0623-001	Ť	•	-			+	\$47.00	\$29.54	•	-			•		97	•
	Tramana modranoo company	Humana Gold Choice PFFS H1804-148						+	\$49.00	\$12.58		1	•				97	•
		Humana Gold Choice PFFS H1804-063				•		+	\$54.00	\$20.77	•	1					97	
	Kaiser Permanente	Senior Advantage Silver MA-PD	•		-			+	\$0.00	\$0.00	•	-		•			72	-
	raiser r emanente	Senior Advantage Silver MA-PD Part B	•		-			+	\$0.00	\$0.00		-	•	•			72	
		Senior Advantage Gold MA-PD	·					+	\$88.00	\$14.50	•	1	•	<u> </u>	•		72	
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M	_				-	+	\$0.00	ψ14.50 -	·	1		•	_		12	
	Nocky Wouldain Health Halis	RMHP AB Basic Plan			-		÷	+	\$8.00	-	-							
		RMHP Standard Plan - M			-		÷	+	\$22.00	-	-							
		RMHP AB Basic with Basic Drug Plan			-		÷	+	\$48.56	\$40.56	•						96	
		RMHP Standard with Standard Drug Plan -					•	₩	\$40.00	\$40.50	<u> </u>	-		-			90	•
		RIVING Standard With Standard Drug Plan -						1 ,	600.50	640.50							00	
		M DALLD Cald Diag. M					•	+	\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - M					•		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - M					•		\$200.39	\$73.39	•			•		•	96	•
	Secure Horizons Medicare Advantage							1 ,										
	Plan	Secure Horizons Medical Plan	•						\$0.00	-								
		Secure Horizons Value Plan	•						\$0.00	\$0.00			•	•			81	•
		Secure Horizons Classic Plan							\$39.00	\$22.99				•			81	•
		Secure Horizons Classic Enhanced Plan							\$90.00	\$17.91				•			81	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan CH No Rx							\$0.00	-								
		Evercare Plan IP							\$27.43	\$27.43				•			97	•
		Evercare Plan DH	•						\$28.92	\$28.92				•			97	•
		Evercare Plan CH	•						\$34.00	\$34.00				•			97	•
ALAMOSA	Humana Insurance Company	Humana Gold Choice PFFS H1804-061			ļ	•		— —'	\$0.00	\$0.00	•	1		•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•	— —	\$8.00	-								
		RMHP Standard Plan - WS					•		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan			<u> </u>		•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -						1 7					l					
		WS					•	<u> </u>	\$70.56	\$40.56	•			•			96	•
		RMHP Plus Plan - WS					٠		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS							\$185.39	\$73.39				•			96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description					- 9-				Cost	,				erage		Convenience
																Additional		
			м		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Offered in verage Gap		
				Local	Regional	Private Fee-for-		Demo					Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	
County	Organization Name	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Mail Order Offered
ARAPAHOE	Colorado Access Fidelis SecureCare of Colorado	Access Advantage Fidelis SecureCare of Colorado	•						\$28.92 \$28.50	\$28.92 \$28.50			•				83 90	•
	Humana Insurance Company	HumanaChoicePPO PPO H0623-001	·						\$47.00	\$29.54			•		•		90	•
	Tidinaria irisurance Company	Humana Gold Choice PFFS H1804-148		l -		•			\$49.00	\$12.58			•	<u> </u>			97	
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	•						\$0.00	\$0.00	•			•			72	
		Senior Advantage Silver MA-PD Part B	•						\$0.00	\$0.00			•	•			72	
		Senior Advantage Gold MA-PD	٠						\$88.00	\$14.50	•			•	•		72	
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M					•		\$0.00	-								
		RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Standard Plan - M				1	•		\$22.00	- 040.50							00	
-	+	RMHP AB Basic with Basic Drug Plan RMHP Standard with Standard Drug Plan -	 	 		 	•	-	\$48.56	\$40.56	•	ļ		•			96	•
		M Standard with Standard Drug Plan -	l	1					\$62.56	\$40.56	_			_			96	_
-	+	M RMHP Gold Plan - M	1	 	1	1	· ·	1	\$62.56 \$127.00	\$40.56	•	 		<u> </u>			ap	•
		KWI II GOIGT IAIT - W					Ť		ψ127.00									
		RMHP Gold with Enhanced Drug Plan - M	l				•		\$200.39	\$73.39							96	
	Secure Horizons Medicare Advantage								4-00.00	4.0.00								
	Plan	Secure Horizons Medical Plan	•						\$0.00	-								
		Secure Horizons Value Plan							\$0.00	\$0.00							81	•
		Secure Horizons Classic Plan							\$39.00	\$22.99							81	•
									400.00	4							-	
		Secure Horizons Classic Enhanced Plan	•						\$90.00	\$17.91	•			•			81	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan CH No Rx	•						\$0.00	-								
		Evercare Plan IP							\$27.43	\$27.43	•			•			97	•
		Evercare Plan DH							\$28.92	\$28.92	•			•			97	•
		Evercare Plan CH	•						\$34.00	\$34.00	•			•			97	•
ARCHULETA	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-		ļ						
		RMHP Standard Plan - WS RMHP AB Basic with Basic Drug Plan		-			•		\$30.00	- 040.50							00	
-		RMHP Standard with Standard Drug Plan -	-	1		1	•		\$48.56	\$40.56	•			•			96	•
		WS	l						\$70.56	\$40.56							96	
	 	RMHP Plus Plan - WS	1			1	•	1	\$112.00	-								

		RMHP Plus with Enhanced Drug Plan - WS	L	<u> </u>			•	<u> </u>	\$185.39	\$73.39	•			•		•	96	<u> </u>
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
BACA	Humana Insurance Company	Humana Gold Choice PFFS H1804-148		ļ		•	L		\$49.00	\$12.58			•				97	•
DENT	11	Humana Gold Choice PFFS H1804-063		ļ		•	-		\$54.00	\$20.77	•			•			97	•
BENT	Humana Insurance Company	Humana Gold Choice PFFS H1804-061 RMHP AB Basic Plan				•	<u> </u>		\$0.00	\$0.00	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan RMHP Thrifty Plan - FR	 	 		<u> </u>	•	-	\$8.00 \$17.00	-		-		 				
-	+	RMHP Innity Plan - FR RMHP Standard Plan - FR	1	 	1	1	· ·	1	\$17.00 \$22.00	-	 	 		1				
-		RMHP AB Basic with Basic Drug Plan	l				÷		\$48.56	\$40.56	•						96	•
		RMHP Standard with Standard Drug Plan -					Ť		ψ40.30	ψ40.50				<u> </u>			30	•
		FR	l	1		1	•		\$62.56	\$40.56							96	•
		RMHP Gold Plan - FR					•		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR							\$200.39	\$73.39				•			96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Of October 10, 2005. The dat							•		Cost	·				erage		Convenience
			М		ype of Advantage I	Plan						Orug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо		Regional PPO	Private Fee-for- Service		Demo	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BOULDER	Colorado Access	Access Advantage	•			00.1100			\$28.92	\$28.92	20.0	rtoudoca	•	2. ago	O.ny	Diana	83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	. ,	HumanaChoicePPO PPO H0623-002		•					\$67.00	\$29.54	•			•	•		97	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	•						\$0.00	\$0.00	•			•			72	
		Senior Advantage Silver MA-PD Part B	•						\$0.00	\$0.00			•	•			72	
		Senior Advantage Gold MA-PD	•						\$88.00	\$14.50	•			•	•		72	
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M					•		\$0.00	-								
		RMHP AB Basic Plan					٠		\$8.00	-								
		RMHP Standard Plan - M					٠		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					٠		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - M					•		\$62.56	\$40.56							96	•
		RMHP Gold Plan - M					٠		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - M					•		\$200.39	\$73.39				•		•	96	•
	Secure Horizons Medicare Advantage																	
	Plan	Secure Horizons Medical Plan	•						\$0.00	-								
		Secure Horizons Value Plan	•						\$0.00	\$0.00			•	•			81	•
		Secure Horizons Classic Plan	•						\$39.00	\$22.99	•			•			81	•
	Ounding Outline I	Secure Horizons Classic Enhanced Plan	•						\$90.00	\$17.91	•			•			81	•
	Sterling Option I	Sterling Option I		<u> </u>		•		-	\$9.00									
	United Healthcare Insurance Company	Evercare Plan CH No Rx	•						\$0.00	-								
		Evercare Plan IP							\$27.43	\$27.43				•			97	•
		Evercare Plan DH	•						\$28.92	\$28.92	•			•			97	•
		Evercare Plan CH							\$34.00	\$34.00				•			97	•
CHAFFEE	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•	ļ		•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					٠		\$8.00	-								
		RMHP Standard Plan - WS					٠		\$30.00	-	 	ļ						
		RMHP AB Basic with Basic Drug Plan RMHP Standard with Standard Drug Plan -		<u> </u>			•		\$48.56	\$40.56	•	+		•	 	-	96	•
		WS RMHP Plus Plan - WS							\$70.56	\$40.56	•			•			96	•
		RMHP Plus Plan - WS RMHP Plus with Enhanced Drug Plan - WS					•		\$112.00 \$185.39	\$73.39							96	_
 	SecureHorizons Direct	SecureHorizons Direct Plan 2	-	-		•	<u>ٺ</u>	—	\$185.39	\$73.39	<u> </u>	 	 		-	•	90	•
 	OGGUTET TOTIZOTTO DITECT	SecureHorizons Direct Premier Plan 200		 		•		-	\$85.00	-	 	 	l	+	-			
CHEYENNE	Humana Insurance Company	Humana Gold Choice PFFS H1804-148		 		•			\$49.00	\$12.58	 	 	•				97	•
	amana modano Company	Humana Gold Choice PFFS H1804-063	-	 		•			\$54.00	\$20.77	•	 	<u> </u>				97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-	t -	1		<u> </u>				<u> </u>
	, , , , , , , , , , , , , , , , , , , ,	RMHP Thrifty Plan - FR					•		\$17.00	-								
		RMHP Standard Plan - FR					•		\$22.00	-	1	1	İ					
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•	1	İ	•			96	•
		RMHP Standard with Standard Drug Plan -									1	1	İ					
		FR RMHP Gold Plan - FR					•		\$62.56 \$127.00	\$40.56	•			•			96	•
				1				1	ψ.2oσ	1	1	1	l	<u> </u>	1			
		RMHP Gold with Enhanced Drug Plan - FR					•		\$200.39	\$73.39	•			•		•	96	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

includes co	intracts/plans approved as	Description	a uuc	3 1101	Tellect	IACL	orga	ııızaı	I	<u> </u>	Cost	iaiis, oi	11001	Jost i lalis		erage		Convenience
		Description									CUSI							Convenience
			M		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо		Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CLEAR CREEK	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Kaiser Permanente	Senior Advantage Silver MA-PD Senior Advantage Silver MA-PD Part B	•						\$0.00 \$0.00	\$0.00 \$0.00	•			•			72 72	
		Senior Advantage Silver MA-PD Part B	÷						\$88.00	\$14.50	•		•	:			72	
	Rocky Mountain Health Plans	RMHP AB Basic Plan	-				•		\$8.00	-	-			-	-		72	<u> </u>
		RMHP Thrifty Plan - FR					•		\$17.00	-								
		RMHP Standard Plan - FR					٠		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					٠		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - FR							\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - FR					٠		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR							\$200.39	\$73.39	•			•		•	96	
	Sterling Option I	Sterling Option I				•			\$9.00	-								
CONEJOS	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan RMHP Standard Plan - WS					•		\$8.00 \$30.00	-								Γ
		RMHP AB Basic with Basic Drug Plan					÷		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - WS							\$70.56	\$40.56							96	
		RMHP Plus Plan - WS					÷		\$112.00	\$40.56	•			•			90	•
		TOTAL TIGGET LATE TYPE					Ť		ψ11Z.00									
		RMHP Plus with Enhanced Drug Plan - WS					•		\$185.39	\$73.39	•			•		•	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								ł
COSTILLA	Humana Insurance Company	SecureHorizons Direct Premier Plan 200 Humana Gold Choice PFFS H1804-061				•			\$85.00 \$0.00	\$0.00	•			•			97	•
COSTILLA	Rocky Mountain Health Plans	RMHP AB Basic Plan				•			\$8.00	\$0.00	•			•			97	•
	rocky Wountain realth Flans	RMHP Standard Plan - WS					·		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -																
		WS					٠		\$70.56	\$40.56	•			•			96	•
		RMHP Plus Plan - WS					٠		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					١.		\$185.39	\$73.39				_		_	96	1 .
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-	-			-			30	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
CROWLEY	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan RMHP Thrifty Plan - FR	l				•		\$8.00	-	-							
-		RMHP Triffty Plan - FR RMHP Standard Plan - FR	-				:		\$17.00 \$22.00									
	+	RMHP AB Basic with Basic Drug Plan	1	1	1	†	÷		\$48.56	\$40.56	•	1		•		1	96	•
		RMHP Standard with Standard Drug Plan -												İ				<u> </u>
		FR					•		\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - FR					•		\$127.00	-								
		BMHB Cold with Enhanced Drug Diss. TD	l						#200.2C	¢72.20							00	1 .
CUSTER	Humana Insurance Company	RMHP Gold with Enhanced Drug Plan - FR Humana Gold Choice PFFS H1804-061	1	-			⊢•		\$200.39 \$0.00	\$73.39 \$0.00	•	1		•		•	96 97	•
COULT	Rocky Mountain Health Plans	RMHP AB Basic Plan	-			•	•		\$8.00	φυ.υυ -	-	1					31	
	,	RMHP Thrifty Plan - FR					•		\$17.00	-				İ				<u> </u>
		RMHP Standard Plan - FR					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - FR							\$62.56	\$40.56							96	•
		RMHP Gold Plan - FR					·		\$127.00	-								·
		RMHP Gold with Enhanced Drug Plan - FR							\$200.39	\$73.39				•		•	96	<u> </u>
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								i .

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	. , , ,	Description									Cost	<u> </u>				erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО		Regional PPO	Service	Cost Plan		Premium)	Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DELTA	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
	Rocky Mountain Health Plans	Humana Gold Choice PFFS H1804-063 RMHP AB Basic Plan				•		<u> </u>	\$54.00 \$8.00	\$20.77	•			•			97	•
	Rocky Mountain Health Flans	RMHP Standard Plan - WS					•		\$30.00									
		RMHP AB Basic with Basic Drug Plan					•	1	\$48.56	\$40.56				•			96	•
		RMHP Standard with Standard Drug Plan -						1	ψ 10.00	ψ10.00								
		WS					•		\$70.56	\$40.56							96	•
		RMHP Plus Plan - WS					•		\$112.00	-								
										1								
		RMHP Plus with Enhanced Drug Plan - WS	<u></u>	<u> </u>	<u> </u>		•	Ш.	\$185.39	\$73.39	.			<u> </u>		<u> </u>	96	<u> </u>
DENVER	Colorado Access	Access Advantage	٠						\$28.92	\$28.92			•				83	•
	Denver Health Medicare Choice	Denver Health Medicare Choice	•						\$28.92	\$28.92			•				90	•
	Fidelis SecureCare of Colorado	Fidelis SecureCare of Colorado	•						\$28.50	\$28.50			•				90	
	Humana Insurance Company	HumanaChoicePPO PPO H0623-001		•					\$47.00	\$29.54	•			•	•		97	•
		Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	•				-	ļ	\$0.00	\$0.00	•			•			72	
		Senior Advantage Silver MA-PD Part B	•						\$0.00	\$0.00			•	•			72	
	Deals: Massateia Llaghth Diaga	Senior Advantage Gold MA-PD	٠						\$88.00	\$14.50	•			•	•		72	
-	Rocky Mountain Health Plans	RMHP Thrifty Plan - M RMHP AB Basic Plan		1	 		•	1	\$0.00 \$8.00	-				-				
		RMHP AB Basic Plan RMHP Standard Plan - M					•	<u> </u>	\$8.00									
-		RMHP AB Basic with Basic Drug Plan					•	1	\$48.56	\$40.56	•			_			96	
-		RMHP Standard with Standard Drug Plan -					•		\$46.56	\$40.56	•			•			90	•
		M							\$62.56	\$40.56							96	
		RMHP Gold Plan - M					•	1	\$127.00	φ+0.00	-						30	
		RMHP Gold with Enhanced Drug Plan - M							\$200.39	\$73.39							96	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan							\$0.00	-								
		Secure Horizons Value Plan							\$0.00	\$0.00							81	
													•					<u> </u>
		Secure Horizons Classic Plan	•						\$39.00 \$90.00	\$22.99 \$17.91				•			81	•
-	Sterling Option I	Secure Horizons Classic Enhanced Plan Sterling Option I	<u> </u>	1	 			1	\$9.00	φ17.91	<u> </u>			-			01	•
 	Ordining Option i	Otoming Option i	-	1	1	<u> </u>		1	ψ3.00	- -				 				
	United Healthcare Insurance Company	Evercare Plan CH No Rx	•						\$0.00	-								
		Evercare Plan IP		•				-	\$27.43	\$27.43	•						97	•
		Evercare Plan DH	٠						\$28.92	\$28.92	•			•			97	•
		Evercare Plan CH	•						\$34.00	\$34.00				•			97	•
DOLORES	Humana Insurance Company	Humana Gold Choice PFFS H1804-061		1		•			\$0.00	\$0.00	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan		<u>L_</u>			•		\$8.00	-								
		RMHP Standard Plan - WS					•		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					٠		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - WS							\$70.56	\$40.56	•			•			96	•
		RMHP Plus Plan - WS					•		\$112.00	-							_	
	SecureHorizons Direct	RMHP Plus with Enhanced Drug Plan - WS SecureHorizons Direct Plan 2				•	•		\$185.39 \$0.00	\$73.39 -	•			•		•	96	•
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								7 - 1 -	Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DOUGLAS	Colorado Access	Access Advantage	•			00.1.00			\$28.92	\$28.92	20.0	rioduced	•	D. ago	O.ny	Brando	83	•
50002.0	Humana Insurance Company	HumanaChoicePPO PPO H0623-001		•					\$47.00	\$29.54	•			•	•		97	•
	Tramana modranos company	Humana Gold Choice PFFS H1804-148		Ť		•			\$49.00	\$12.58			•		·		97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77				•			97	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	•						\$0.00	\$0.00	•			•			72	-
	raiser i cimanente	Senior Advantage Silver MA-PD Part B	•					 	\$0.00	\$0.00				•			72	
		Senior Advantage Gold MA-PD	•						\$88.00	\$14.50	•			•	•		72	
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M	_				•	1	\$0.00	-	•				•		12	
-	1.co.y Woulder Florid Florid	RMHP AB Basic Plan	-				•	†	\$8.00									
		RMHP Standard Plan - M		1			•	 	\$22.00	-								
		RMHP AB Basic with Basic Drug Plan	1	-			÷	1	\$48.56	\$40.56		1					96	
-		RMHP Standard with Standard Drug Plan -	1	-			+•	1	φ40.00	φ40.00	<u> </u>	1					30	•
		M							\$62.56	\$40.56							96	_
		DMUD Cald Diag. M	-				•	1		\$40.56	•			•			96	•
		RMHP Gold Plan - M	-				•	1	\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - M							\$200.39	\$73.39				•		•	96	•
	Secure Horizons Medicare Advantage																	
	Plan	Secure Horizons Medical Plan	•						\$0.00	-								
		Secure Horizons Value Plan	•						\$0.00	\$0.00				•			81	•
		Secure Horizons Classic Plan	•						\$39.00	\$22.99	•			•			81	•
		Secure Horizons Classic Enhanced Plan	•						\$90.00	\$17.91				•			81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan CH No Rx							\$0.00	-								
		Evercare Plan IP		•					\$27.43	\$27.43				•			97	•
		Evercare Plan DH	•						\$28.92	\$28.92	•			•			97	•
54015		Evercare Plan CH	•						\$34.00	\$34.00	•			•			97	•
EAGLE	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•		ļ	\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•		ļ	\$54.00	\$20.77	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					٠	ļ	\$8.00	-								
		RMHP Standard Plan - WS					٠	ļ	\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					٠		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -								1								
		WS					٠		\$70.56	\$40.56	•			•			96	•
		RMHP Plus Plan - WS					٠		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS							\$185.39	\$73.39	•			•		•	96	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			M		ype of Advantage	Plan					С	Orug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan		Premium)	Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
EL PASO	Colorado Access	Access Advantage	•						\$28.92	\$28.92			•				83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO H0623-003		٠					\$53.00	\$29.54	•			•	•		97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Thrifty Plan - FR RMHP Standard Plan - FR					•		\$17.00 \$22.00	-								
		RMHP AB Basic with Basic Drug Plan					· ·		\$22.00 \$48.56	\$40.56	•						96	•
	+	RMHP Standard with Standard Drug Plan -					•		\$40.00	\$40.56	•	+		•			90	<u> </u>
		FR							\$62.56	\$40.56							96	i _
		RMHP Gold Plan - FR					•	-	\$127.00	\$40.50 -	⊢ •	1					30	
		Tamin Columbia Tit		l	l		Ť		Ψ121.00	 	†	<u> </u>						
		RMHP Gold with Enhanced Drug Plan - FR		l			•		\$200.39	\$73.39	•			•		•	96	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	•						\$0.00	-								
		Secure Horizons Classic Plan	•						\$30.00	\$14.43				•			81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3		-		•			\$0.00 \$85.00	-	-							
	Sterling Option I	SecureHorizons Direct Premier Plan 200 Sterling Option I				· ·			\$85.00	-								—
	Sterning Option i	Sterling Option I		-		·			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan CH No Rx	•						\$0.00	-								<u> </u>
		Evercare Plan IP		•					\$27.43	\$27.43	•			•			97	•
		Evercare Plan DH	•						\$28.92	\$28.92	•			•			97	•
		Evercare Plan CH	•						\$34.00	\$34.00	•			•			97	•
ELBERT	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	٠						\$0.00	\$0.00	•			•			72	
		Senior Advantage Silver MA-PD Part B	٠						\$0.00	\$0.00			•	•			72	
		Senior Advantage Gold MA-PD	٠						\$88.00	\$14.50	•			•	٠		72	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								ļ
		RMHP Thrifty Plan - FR					•		\$17.00	-								ļ
<u> </u>		RMHP Standard Plan - FR		<u> </u>			•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan		!	<u> </u>		•	-	\$48.56	\$40.56	•	1		•			96	•
		RMHP Standard with Standard Drug Plan - FR		l			_		\$62.56	\$40.56							96	1 -
		RMHP Gold Plan - FR					·		\$127.00	\$40.56 -	·			•			90	
	1	Tama Gold Fidit FTC	 		 		Ť	-	Ψ121.00		 	-						
		RMHP Gold with Enhanced Drug Plan - FR		l			•		\$200.39	\$73.39	•			•			96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
FREMONT	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Thrifty Plan - FR					•		\$17.00	-	 	ļ						
		RMHP Standard Plan - FR					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - FR	l	l					\$62.56	\$40.56		1					96	1 .
		FR RMHP Gold Plan - FR		-			•		\$62.56 \$127.00	\$40.56	•	1		•			96	•
<u> </u>		INVITE GOID FIBIT F FK	<u> </u>	 	 	-	<u> </u>	-	φ1∠1.00	<u> </u>	 	 				-		
		RMHP Gold with Enhanced Drug Plan - FR	1	1	1				\$200.39	\$73.39							96	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan					Ť		\$60.00	\$14.43						-	81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
1	1	SecureHorizons Direct Premier Plan 200			i	•			\$85.00	-	1	İ						1

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description							,		Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
0		Disc. Marrie	нмо		Regional PPO			Demo Plan			7	Deduced	Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	M-10-day 00'-and
County GARFIELD	Organization Name Humana Insurance Company	Plan Name Humana Gold Choice PFFS H1804-148	HMO	PPO	PPO	Service	Plan	Pian	Premium) \$49.00	Premium* \$12.58	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary 97	Mail Order Offered
GARFIELD	Humana insurance Company	Humana Gold Choice PFFS H1804-063		 		•		 	\$54.00	\$20.77	•	1	•				97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan				•	•	1	\$8.00	-	•	1		•			91	•
	Rocky Wouldain Health Flairs	RMHP Standard Plan - WS					•		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan		1			•	1	\$48.56	\$40.56	•	1		•			96	•
		RMHP Standard with Standard Drug Plan -		1				1				1						
		ws							\$70.56	\$40.56				•			96	•
		RMHP Plus Plan - WS					•		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS							\$185.39	\$73.39							96	
GILPIN	Humana Insurance Company	Humana Gold Choice PFFS H1804-148					·	1	\$49.00	\$12.58	•	1		•		•	97	
OILI IIV	Trumana modrance Company	Humana Gold Choice PFFS H1804-063				•		1	\$54.00	\$20.77	•	1		•			97	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	•					1	\$0.00	\$0.00	•	1		•			72	-
		Senior Advantage Silver MA-PD Part B	•						\$0.00	\$0.00			•	•			72	
		Senior Advantage Gold MA-PD	•						\$88.00	\$14.50	•			•	•		72	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Thrifty Plan - FR					•		\$17.00	-		1						
		RMHP Standard Plan - FR					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -																
		FR					•		\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - FR					•		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR							\$200.39	\$73.39	•			•		•	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
GRAND	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
	Deale Manata's Health Dise	Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•	ļ		•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan RMHP Standard Plan - WS					•	-	\$8.00 \$30.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	- \$40.56	•						96	
		RMHP Standard with Standard Drug Plan -					Ť				•			•				•
		WS					٠		\$70.56	\$40.56	•			•			96	•
	+	RMHP Plus Plan - WS		-	1	-	•	-	\$112.00	-	-	}				1		
1		RMHP Plus with Enhanced Drug Plan - WS				l			\$185.39	\$73.39	•			•			96	•
GUNNISON	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•	1		\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-							İ	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
HINSDALE	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					٠		\$8.00	-								
		RMHP Standard Plan - WS					٠		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan		<u> </u>		<u> </u>	•	<u> </u>	\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -				l			670.50	640.50							00	
-		WS RMHP Plus Plan - WS		-			•	-	\$70.56 \$112.00	\$40.56 -	•			•			96	•
	 	1001101 110				l	Ť		ψ112.00	<u> </u>							 	
I		RMHP Plus with Enhanced Drug Plan - WS		1	1	1		1	\$185.39	\$73.39	•			•			96	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200		Ì		•			\$85.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HUERFANO	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Thrifty Plan - FR					•		\$17.00	-								
		RMHP Standard Plan - FR					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -							600.50	640.50							00	
		FR SMILE COLLEGE SERVICE					•		\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - FR					•		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR	l				١.		\$200.39	\$73.39							96	_
	SecureHorizons Direct	SecureHorizons Direct Plan 4	-				<u> </u>		\$200.39	\$73.39	•			•		•	90	•
	Gecure HUIIZUIIS DIIECU	SecureHorizons Direct Premier Plan 100	-			· :	-		\$25.00	- :								
JACKSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-061	1			•			\$95.00	\$0.00	•	1					97	•
JACKSON	Rocky Mountain Health Plans	RMHP AB Basic Plan					•	-	\$8.00	ψ0.00 -				-			31	
	. Conty Mountain Fleatin Flans	RMHP Standard Plan - WS	-				÷		\$30.00									
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -							ψ+0.00	ψ+0.00				·			30	•
		WS							\$70.56	\$40.56	•						96	•
		RMHP Plus Plan - WS					•		\$112.00	-								

		RMHP Plus with Enhanced Drug Plan - WS					•		\$185.39	\$73.39	•			•		•	96	•
JEFFERSON	Colorado Access	Access Advantage	•						\$28.92	\$28.92			•				83	•
	Fidelis SecureCare of Colorado	Fidelis SecureCare of Colorado	•						\$28.50	\$28.50			•				90	
	Humana Insurance Company	HumanaChoicePPO PPO H0623-001		•					\$47.00	\$29.54	•			•	•		97	•
		Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	•						\$0.00	\$0.00	•			•			72	
		Senior Advantage Silver MA-PD Part B	•						\$0.00	\$0.00			•	•			72	
		Senior Advantage Gold MA-PD	•						\$88.00	\$14.50	•			•	•		72	
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M					•		\$0.00	-								
		RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Standard Plan - M					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -							***									
		M DMUD Octob Bloom M					•		\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - M					•		\$127.00	-								
		DMUD Cold with Enhanced Davin Direct	l				١.		\$200.20	\$73.39							96	
	Secure Horizons Medicare Advantage	RMHP Gold with Enhanced Drug Plan - M	 	-		-	•	-	\$200.39	₽13.39	•	1		•		<u> </u>	96	•
	Plan	Secure Horizons Medical Plan	١.						\$0.00	_								
	i idii	Occurs Fiorizons Medical Fian	⊢ -						φυ.υυ	-		1						
		Secure Horizons Value Plan	١.						\$0.00	\$0.00							81	•
		CCCC.C T.OTZOTIC VALACT IATI	l -						ψ0.00	ψ0.00							01	•
		Secure Horizons Classic Plan	١.						\$39.00	\$22.99							81	•
									ψοσ.σσ	\$22.00							<u> </u>	-
		Secure Horizons Classic Enhanced Plan							\$90.00	\$17.91	•			•			81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	<u> </u>	<u> </u>																
	United Healthcare Insurance Company	Evercare Plan CH No Rx	•						\$0.00	-								
		Evercare Plan IP	<u> </u>	•	<u></u>			<u> </u>	\$27.43	\$27.43	•			•			97	•
																		_
		Evercare Plan DH	•						\$28.92	\$28.92	•			•			97	•
		1																
		Evercare Plan CH							\$34.00	\$34.00							97	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
KIOWA	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•		(, , , ,	•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Thrifty Plan - FR					•		\$17.00	-								<u> </u>
		RMHP Standard Plan - FR					•		\$22.00	-								<u> </u>
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56				•			96	•
		RMHP Standard with Standard Drug Plan -							ψ10.00	ψ10.00							- 00	
		FR							\$62.56	\$40.56							96	
		RMHP Gold Plan - FR					·		\$127.00	-	•			· · · · ·			30	
		TOTAL TIC					Ť		Ψ121.00									
		RMHP Gold with Enhanced Drug Plan - FR							\$200.39	\$73.39							96	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•	_		\$0.00	-				•		•	30	
	Securer forizons Direct	SecureHorizons Direct Premier Plan 200				·			\$85.00	-								
KIT CARSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				-			\$49.00	\$12.58			•				97	•
KIT CARSON	Fidinaria insurance Company	Humana Gold Choice PFFS H1804-063				-			\$54.00	\$20.77			•				97	:
	Rocky Mountain Health Plans	RMHP AB Basic Plan				·	•		\$8.00	\$20.77 -	•			•			91	
	ROCKY WOUTHAITI FEATURE FIAITS	RMHP Thrifty Plan - FR					÷		\$17.00	-								
									\$17.00									
		RMHP Standard Plan - FR					٠		\$22.00 \$48.56	- \$40.56							00	
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - FR							***									1
							٠		\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - FR					•		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					•		\$200.39	\$73.39	•			•		•	96	•
LA PLATA	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								<u> </u>
		RMHP Standard Plan - WS					•		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					٠		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -											1					1
		WS					•		\$70.56	\$40.56	•			•			96	•
		RMHP Plus Plan - WS					٠		\$112.00	-								<u> </u>
		RMHP Plus with Enhanced Drug Plan - WS							\$185.39	\$73.39							96	
LAKE	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•		1	\$54.00	\$20.77	•		l -	•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•	1	\$8.00	φ20.77			l				<u> </u>	
	mountain riodian ridiio	RMHP Standard Plan - WS					•	1	\$30.00	-			l	<u> </u>				
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•		 				96	•
		RMHP Standard with Standard Drug Plan -					Ť		ψ-10.00	ψ-10.00	i i		 	,			50	
		WS							\$70.56	\$40.56			l				96	1 .
		RMHP Plus Plan - WS					•	†	\$112.00	- -				1			- 50	
		RMHP Plus with Enhanced Drug Plan - WS							\$185.39	\$73.39							96	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan						rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan		Premium)	Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LARIMER	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	•						\$0.00	\$0.00	•			•			72	
		Senior Advantage Silver MA-PD Part B	٠						\$0.00	\$0.00			•	•			72	
	Dealer Manusta's Health Diagram	Senior Advantage Gold MA-PD	•						\$88.00	\$14.50	•			•	•		72	
	Rocky Mountain Health Plans	RMHP AB Basic Plan RMHP Thrifty Plan - FR	-				•		\$8.00 \$17.00									
		RMHP Standard Plan - FR					•		\$17.00	-		<u> </u>						
		RMHP AB Basic with Basic Drug Plan		 			÷		\$48.56	\$40.56		 					96	•
		RMHP Standard with Standard Drug Plan -		 			·		\$46.56	\$40.56	<u> </u>	 		•			96	<u> </u>
		FR					_		\$62.56	\$40.56							96	_
		RMHP Gold Plan - FR					÷		\$127.00	\$40.50	•	1		•			90	•
	+	INVITE GOID FIGHT FR	l	 		 	•	-	φ1∠1.00	- -	1	1		1				
		RMHP Gold with Enhanced Drug Plan - FR					_		\$200.39	\$73.39						_	96	
	Secure Horizons Medicare Advantage	Trimin Cold with Enhanced Drug Fidit - FR	l	 		 	•	-	φ200.39	\$13.38		1		•		<u> </u>	90	•
	Plan	Secure Horizons Classic Plan	١.	1		1			\$39.00	\$22.61		1					81	•
	SecureHorizons Direct	Secure Horizons Classic Flair SecureHorizons Direct Plan 4	·	 		•		-	\$25.00	ΨZZ.01 -	<u></u>	 		<u> </u>			01	•
	Occure forizons birect	SecureHorizons Direct Premier Plan 100		 		· :		-	\$95.00			 						
	Sterling Option I	Sterling Option I		 		· ·		-	\$9.00	-		 						
	Otening Option 1	Occining Option 1							ψ5.00			1						
	United HealthCare Insurance Company	Evercare Plan IP		۱.					\$27.43	\$27.43							97	
LAS ANIMAS	Humana Insurance Company	Humana Gold Choice PFFS H1804-061		i i		•			\$0.00	\$0.00	•	1		•			97	•
27107111111710	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-		1		-			0.	
		RMHP Thrifty Plan - FR					•		\$17.00	-		1						
		RMHP Standard Plan - FR		1			•		\$22.00	-		1						
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•	ì		•			96	•
		RMHP Standard with Standard Drug Plan -							,									
		FR					•		\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - FR					•		\$127.00	-								
									,									
		RMHP Gold with Enhanced Drug Plan - FR					•		\$200.39	\$73.39	•			•		•	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-		1						
LINCOLN	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58		Ĭ	•				97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-		Ĭ						
		RMHP Thrifty Plan - FR					•		\$17.00	-								
		RMHP Standard Plan - FR					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -																
		FR					•		\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - FR					•		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					•		\$200.39	\$73.39	•			•		•	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
· · · · · ·		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
LOGAN		RMHP AB Basic Plan					•		\$8.00	-		ļ						
LOGAN	Rocky Mountain Health Plans		1	1			•		\$17.00	-								
LOGAN	Rocky Mountain Health Plans	RMHP Thrifty Plan - FR																
LOGAN	Rocky Mountain Health Plans	RMHP Standard Plan - FR					•		\$22.00									
LOGAN	Rocky Mountain Health Plans	RMHP Standard Plan - FR RMHP AB Basic with Basic Drug Plan					•		\$22.00 \$48.56	\$40.56	•			•			96	•
LOGAN	Rocky Mountain Health Plans	RMHP Standard Plan - FR RMHP AB Basic with Basic Drug Plan RMHP Standard with Standard Drug Plan -							\$48.56					•				•
LOGAN	Rocky Mountain Health Plans	RMHP Standard Plan - FR RMHP AB Basic with Basic Drug Plan RMHP Standard with Standard Drug Plan - FR					•		\$48.56 \$62.56	\$40.56	•			•			96 96	•
LOGAN	Rocky Mountain Health Plans	RMHP Standard Plan - FR RMHP AB Basic with Basic Drug Plan RMHP Standard with Standard Drug Plan -							\$48.56					•				•
LOGAN	Rocky Mountain Health Plans	RMHP Standard Plan - FR RMHP AB Basic with Basic Drug Plan RMHP Standard with Standard Drug Plan - FR RMHP Gold Plan - FR					•		\$48.56 \$62.56 \$127.00	\$40.56				•			96	•
LOGAN	Rocky Mountain Health Plans SecureHorizons Direct	RMHP Standard Plan - FR RMHP AB Basic with Basic Drug Plan RMHP Standard with Standard Drug Plan - FR					•		\$48.56 \$62.56	\$40.56						•		•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	on actorplane approved ac	Description		, , , , ,		. ,	0.90		10110, 0111p10		Cost					erage		Convenience
																Additional		
			м		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Offered in verage Gap		
				Local	Regional	Private Fee-for-		Demo					Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	
MESA	Organization Name Humana Insurance Company	Plan Name Humana Gold Choice PFFS H1804-061	НМО	PPO	PPO	Service	Plan	Plan	Premium) \$0.00	Premium* \$0.00	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary 97	Mail Order Offered •
WESA	Rocky Mountain Health Plans	RMHP AB Basic Plan				<u> </u>	•		\$8.00	φυ.σο -	•			-			- 51	
	,	RMHP Thrifty Plan - WS					•		\$17.00	-								
		RMHP Standard Plan - WS					•		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan RMHP Standard with Standard Drug Plan -					•		\$48.56	\$40.56	•			•			96	•
		WS							\$70.56	\$40.56							96	
		RMHP Plus Plan - WS					•		\$112.00	φ40.00 -	-			•			30	
		RMHP Plus with Enhanced Drug Plan - WS					٠		\$185.39	\$73.39	•			•		•	96	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan							\$0.00	-								
		Secure Horizons Classic Plan							\$0.00	\$0.00	•						81	•
ĺ		Secure Horizons Classic Enhanced Plan							\$42.00	\$23.00							81	
	SecureHorizons Direct	Secure Horizons Direct Plan 3	Ė	1	1	•			\$0.00	-		1		<u> </u>		1	J1	
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
MINERAL	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan RMHP Standard Plan - WS					•	<u> </u>	\$8.00	-								
		RMHP Standard Plan - WS RMHP AB Basic with Basic Drug Plan					•		\$30.00 \$48.56	\$40.56							96	
		RMHP Standard with Standard Drug Plan -					Ť		ψ40.00	ψ40.30	•			•			30	
		ws					•		\$70.56	\$40.56	•			•			96	•
		RMHP Plus Plan - WS					•		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					•		\$185.39	\$73.39	•			•		•	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
MOFFAT	Humana Insurance Company	SecureHorizons Direct Premier Plan 200 Humana Gold Choice PFFS H1804-148				•			\$85.00 \$49.00	- \$12.58							97	•
WOFFAT	numana insurance Company	Humana Gold Choice PFFS H1804-148				<u> </u>			\$54.00	\$12.56	•		•				97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	φ20.77	-			•			- 51	
	Í	RMHP Standard Plan - WS					•		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - WS							\$70.56	£40.50							00	
-	1	RMHP Plus Plan - WS		1	 	1	•	-	\$70.56 \$112.00	\$40.56	•	1		•		1	96	•
							Ė										0.0	
MONTEZUMA	Humana Insurance Company	RMHP Plus with Enhanced Drug Plan - WS Humana Gold Choice PFFS H1804-148	-		-		-	<u> </u>	\$185.39 \$49.00	\$73.39 \$12.58	•	-		-		<u> </u>	96 97	<u>:</u>
WICHTLZOWA	Tidinalia insulative Company	Humana Gold Choice PFFS H1804-146			1	-:-			\$54.00	\$20.77	•		•	•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Standard Plan - WS					٠		\$30.00	-								<u> </u>
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•	<u> </u>		•			96	•
		RMHP Standard with Standard Drug Plan - WS							\$70.56	\$40.56							96	
		RMHP Plus Plan - WS					÷		\$112.00	-	Ť						30	
HOUTBOOK		RMHP Plus with Enhanced Drug Plan - WS							\$185.39	\$73.39	•					•	96	•
MONTROSE	Humana Insurance Company	Humana Gold Choice PFFS H1804-148 Humana Gold Choice PFFS H1804-063			-	:	-	 	\$49.00 \$54.00	\$12.58 \$20.77			•	-			97 97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan				-			\$8.00	\$20.77	<u> </u>			•			91	
	, , , , , , , , , , , , , , , , , , , ,	RMHP Standard Plan - WS					•		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -																
<u> </u>	+	WS RMHP Plus Plan - WS			1	1	•	-	\$70.56 \$112.00	\$40.56	•	1		•			96	· · · · · ·
							Ť										_	
L		RMHP Plus with Enhanced Drug Plan - WS			<u> </u>	<u> </u>	•		\$185.39	\$73.39	•			•		•	96	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description					Cost	<u> </u>			Convenience							
	Organization Name		М		ype of Advantage	Plan					С	orug Deduct	ible		Type of Additional Coverage Offered in Drug Coverage Gap		n	
County		Plan Name	нмо		Regional PPO	Private Fee-for- Service		t Demo		Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MORGAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-148	111110	110	110	•	1 Iun	i idii	\$49.00	\$12.58	2010	ricadoca	φ250)	Drugs	Offiny	Dianas	97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77				•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Thrifty Plan - FR					•		\$17.00	-								
		RMHP Standard Plan - FR					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - FR							\$62.56	\$40.56							96	
		RMHP Gold Plan - FR		 			•	-	\$127.00	ψ40.30 -		1		<u> </u>			30	•
-		Tama Gold Fidit Fix	-	 		 	Ť	+	ψ121.0U	-		1		<u> </u>	 			
		RMHP Gold with Enhanced Drug Plan - FR							\$200.39	\$73.39							96	
OTERO	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•	Ė	1	\$0.00	\$0.00	•			•	1		97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	l -			<u> </u>	•	1	\$8.00	φυ.συ -	<u> </u>	<u> </u>		· ·	l		<u> </u>	-
		RMHP Thrifty Plan - FR		1			•		\$17.00	-								
		RMHP Standard Plan - FR					•	1	\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -																
		FR					•		\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - FR					•		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					•		\$200.39	\$73.39	•			•		•	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
OLID AV		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
OURAY	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
	Deal Manusia's Health Black	Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan RMHP Standard Plan - WS					•		\$8.00 \$30.00	-								
		RMHP Standard Plan - WS RMHP AB Basic with Basic Drug Plan					•		\$30.00 \$48.56	- \$40.56							00	
		RMHP Standard with Standard Drug Plan -					·	-	\$46.56	\$40.56	•	-		•			96	•
		WS							\$70.56	\$40.56							96	
		RMHP Plus Plan - WS					÷	+	\$112.00	-	•	1		•			90	•
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	 		 	Ť	+	ψ11Z.0U	-		1		<u> </u>	 			
		RMHP Plus with Enhanced Drug Plan - WS	l						\$185.39	\$73.39					l		96	
PARK	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•	Ė	1	\$0.00	\$0.00	•			•	1		97	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	•	1				1	\$0.00	\$0.00	•			•			72	
		Senior Advantage Silver MA-PD Part B	•			1			\$0.00	\$0.00		1	•	•			72	
		Senior Advantage Gold MA-PD	•						\$88.00	\$14.50	•			•	•		72	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					٠		\$8.00	-								
		RMHP Thrifty Plan - FR					٠		\$17.00	-								
		RMHP Standard Plan - FR					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - FR							\$62.56	\$40.56							96	
		RMHP Gold Plan - FR		 		1	<u>:</u>	+	\$62.56 \$127.00	\$40.56	· •	1		•	 		90	•
		Tama Gold Fall Tit		 		1	Ť	1	ψ121.00	-		<u> </u>			 			
		RMHP Gold with Enhanced Drug Plan - FR	<u> </u>	<u></u>	<u> </u>		•	<u> </u>	\$200.39	\$73.39	•	<u> </u>		•	<u> </u>	•	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Convenience			
			М		ype of Advantage	Plan			an Premium)		С	rug Deduct	ible		Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Service	Cost D			Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
PHILLIPS	Humana Insurance Company	Humana Gold Choice PFFS H1804-148 Humana Gold Choice PFFS H1804-063				•			\$49.00 \$54.00	\$12.58 \$20.77			•	•			97 97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan				-	•		\$8.00	-	-			·			31	
		RMHP Thrifty Plan - FR					•		\$17.00	-								
		RMHP Standard Plan - FR					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - FR							\$62.56	\$40.56	_			_			96	_
		RMHP Gold Plan - FR					·		\$127.00	-	·			•			90	•
									ψ127.00									
		RMHP Gold with Enhanced Drug Plan - FR					•		\$200.39	\$73.39	•			•		•	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
DITIZINI	III.	SecureHorizons Direct Premier Plan 100	ļ			•		1	\$95.00	-				<u> </u>	ļ		07	
PITKIN	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				:			\$49.00 \$54.00	\$12.58 \$20.77			•	-			97 97	•
	Rocky Mountain Health Plans	Humana Gold Choice PFFS H1804-063 RMHP AB Basic Plan	1		-	•		1	\$8.00	\$20.77	<u> </u>	1		· •	1		91	•
	rooky wountain ricalar rians	RMHP Standard Plan - WS					•		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -																
		WS					•		\$70.56	\$40.56	•			•			96	•
		RMHP Plus Plan - WS					•		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS							\$185.39	\$73.39							96	
PROWERS	Humana Insurance Company	Humana Gold Choice PFFS H1804-148					•		\$49.00	\$12.58	•			•		•	96	•
- NOWENO	Tramana modranos company	Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77				•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
	-	RMHP Thrifty Plan - FR					٠		\$17.00	-								
		RMHP Standard Plan - FR					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -							\$62.56	\$40.56							96	
		RMHP Gold Plan - FR					· ·		\$62.56	\$40.56	•			•			96	•
		KWITI GOIGTIAIT-TIK					Ť		Ψ127.00	_								
		RMHP Gold with Enhanced Drug Plan - FR					•		\$200.39	\$73.39	•			•		•	96	•
PUEBLO	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan	ļ			ļ	•		\$8.00	-				ļ				
-		RMHP Thrifty Plan - FR RMHP Standard Plan - FR	 			 	•	 	\$17.00 \$22.00	-		ļ		1	 			
	+	RMHP Standard Plan - FR RMHP AB Basic with Basic Drug Plan	1		-	1	•	1	\$22.00 \$48.56	\$40.56	•	1			1		96	
	<u> </u>	RMHP Standard with Standard Drug Plan -	1	1	1	†	Ť	1	ψ0.00	ψ-τυ.υυ	Ť			<u> </u>			50	•
		FR	l				•		\$62.56	\$40.56	•						96	•
		RMHP Gold Plan - FR					•		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR							\$200.39	\$73.39				•		•	96	•
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan							\$50.00	\$14.74				•			81	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	 			•		<u> </u>	\$25.00 \$95.00	-					ļ			
	Sterling Option I	SecureHorizons Direct Premier Plan 100 Sterling Option I				•	-	-	\$95.00	-		<u> </u>						
	Sterning Option i	Storning Option i		-				 	ψ3.00			-	 	 	 			
	United Healthcare Insurance Company	Evercare Plan CH No Rx	•						\$0.00	-								
		Evercare Plan IP		•				-	\$27.43	\$27.43	•						97	•
		Evercare Plan DH	•						\$28.92	\$28.92	•			•			97	•
		Evercare Plan CH	•						\$34.00	\$34.00	•			•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description					Cost				Convenience							
			Type of Medicare Advantage Plan								D	Orug Deduct	ible		Type of Additional Coverage Offered in Drug Coverage Gap		n	
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan			Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
RIO BLANCO	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•	<u> </u>	\$8.00	-								
		RMHP Standard Plan - WS RMHP AB Basic with Basic Drug Plan					:	₩	\$30.00 \$48.56	- \$40.56	•						96	•
		RMHP Standard with Standard Drug Plan -		-			·	\vdash	\$40.50	\$40.56	·			•			90	
		WS						1 /	\$70.56	\$40.56							96	
		RMHP Plus Plan - WS					•	\vdash	\$112.00	-								
								T 1										
		RMHP Plus with Enhanced Drug Plan - WS	<u></u>	<u> </u>	<u></u>		∟•	<u> </u>	\$185.39	\$73.39	<u></u> -			<u> </u>			96	<u>. </u>
RIO GRANDE	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					٠	<u> </u>	\$8.00	-								·
		RMHP Standard Plan - WS					•	<u> </u>	\$30.00	-								
-	+	RMHP AB Basic with Basic Drug Plan		<u> </u>			•	+-	\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - WS	1	1	1		1	1 '	\$70 FC	\$40.50							96	i .
	+	RMHP Plus Plan - WS		-			•	₩	\$70.56 \$112.00	\$40.56	<u> </u>	<u> </u>		<u> </u>			96	•
 	1	ISWITE FIGURE WO	-	1			+•	$\vdash \vdash \vdash$	ψ112.00	 	1	1		 				i
		RMHP Plus with Enhanced Drug Plan - WS		l				1 '	\$185.39	\$73.39	•					•	96	. •
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
ROUTT	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								1
		SecureHorizons Direct Premier Plan 200				•		<u> </u>	\$85.00	-								L
SAGUACHE	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•		<u> </u>	\$0.00	\$0.00	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•	<u> </u>	\$8.00	-								
		RMHP Standard Plan - WS					•	╨	\$30.00 \$48.56	- \$40.56							96	
		RMHP AB Basic with Basic Drug Plan RMHP Standard with Standard Drug Plan -					•	\vdash	\$46.56	\$40.56	•			•			90	•
		WS						1 /	\$70.56	\$40.56							96	
		RMHP Plus Plan - WS					•	┢═	\$112.00	φ+0.00							30	
								\vdash	ψ11 <u>2</u> .00									
		RMHP Plus with Enhanced Drug Plan - WS					•	1 /	\$185.39	\$73.39	•			•		•	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
SAN JUAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan		<u> </u>			•	└	\$8.00	-								
		RMHP Standard Plan - WS					•	└ ──'	\$30.00	-								
		RMHP AB Basic with Basic Drug Plan RMHP Standard with Standard Drug Plan -					•	╨	\$48.56	\$40.56	•			•			96	•
		WS					١.	1 /	\$70.56	\$40.56							96	1 _
		RMHP Plus Plan - WS					÷	├ ──	\$112.00	\$40.56	<u> </u>			•			90	•
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		RMHP Plus with Enhanced Drug Plan - WS					•	1 /	\$185.39	\$73.39	•			•		•	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00									<u> </u>
SAN MIGUEL	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•	<u> </u>	\$8.00	-								·
		RMHP Standard Plan - WS					•	└─ ─	\$30.00	-	 	ļ						ı————
		RMHP AB Basic with Basic Drug Plan					•	└ ──'	\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - WS		l			١.	1 '	\$70.FC	\$40.56							96	1 _
		RMHP Plus Plan - WS		<u> </u>			·	+	\$70.56 \$112.00	\$40.56	•	 		-			96	· · · · · ·
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		RMHP Plus with Enhanced Drug Plan - WS	l	l				1 '	\$185.39	\$73.39		1					96	ı •
	SecureHorizons Direct	SecureHorizons Direct Plan 3		1		•		$\vdash \vdash \vdash$	\$0.00	-		1						
		SecureHorizons Direct Premier Plan 200			1	•	1	\vdash	\$85.00	-								

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

SEDGWICK	Description										Cost				Convenience			
SEDGWICK Humana Insurance Company Humana Rocky Mountain Health Plans RMHP 7 RMHP 7 RMHP 8 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 7 RMHP 8 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 8 RMHP 9 RMHP 1 RMH			Me		ype of Advantage	Plan		t Demo	Beneficiary Total Premium* (Including Drug			Orug Deduct	ible		Type of Additional Coverage Offered in Drug Coverage Gap			
SEDGWICK Humana Insurance Company Humana Rocky Mountain Health Plans RMHP 7 RMHP 9 RMHP 1 RMHP 1 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 6 RMHP 7 RMHP 8 RMHP 9 RMHP 1 RMH					Regional					Beneficiary Drug			Standard		Generics	Generics and	Number of Top 100 Drugs on	
Rocky Mountain Health Plans RMHP 2 RMHP 3 RMHP 3 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 7 RMHP 7 RMHP 8 RMHP 6 RMHP 8 RMHP 9 RMHP 1 RM			НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Mail Order Offered
Rocky Mountain Health Plans RMHP 7 RMHP 8 RMHP 9 RMHP 9 RMHP 6 RMHP 1 RMHP 1 RMHP 1 RMHP 1 RMHP 2 RMHP 2 RMHP 2 RMHP 3 RMHP 4 RMHP 4 RMHP 4 RMHP 5 RMHP 5 RMHP 6 RMHP 7 RMHP 7 RMHP 8 RMHP 8 RMHP 1						•			\$49.00	\$12.58			•				97	•
RMHP 1 RMHP 2 RMHP 3 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 6 RMHP 8 RMHP 8 RMHP 9 RMHP 1 RM	Humana Gold Choice PFFS H18	04-063				•			\$54.00 \$8.00	\$20.77	•			•			97	•
RMHP 5 RMHP 4 RMHP 5 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 7 RMHP 8 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 8 RMHP 8 RMHP 9 RMHP 1 RM							•	1	\$8.00	-								
RMHP 2	RMHP Thrifty Plan - FR RMHP Standard Plan - FR						•	1	\$17.00	-								
RMHP S RMHP C RM	RMHP AB Basic with Basic Drug	Dlon					•	1		\$40.56				_			96	
SUMMIT Humana Insurance Company Humana Rocky Mountain Health Plans RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 8 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 1 RMHP 1 RMHP 1 RMHP 1 RMHP 1 RMHP 1 RMHP 1 RMHP 2 RMHP 1 RMHP 2 RMHP 3 RMHP 4 RMHP 3 RMHP 4 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 Secure Horizons Medicare Advantage Plan Secure Secu							•	1	\$48.56	\$40.56	•			•			96	•
RMHP (RM	RMHP Standard with Standard D	riug Pian -				1		1	\$62.56	\$40.56		1			l		96	
SUMMIT Humana Insurance Company Humana Rocky Mountain Health Plans RMHP 2 RMHP 3 RMHP 4 RMHP 5 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 7 RMHP 7 RMHP 8 RMHP 8 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 1 RMHP 9 RMHP 9 RMHP 9 RMHP 1 RMHP 3 RMHP 3 RMHP 4 RMHP 5 RMHP 5 RMHP 5 RMHP 5 RMHP 5 RMHP 5 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP	RMHP Gold Plan - FR					 		1	\$62.56 \$127.00		•			•	-		96	•
Humana Insurance Company	RIVINE GOID FIAIT - FR			-	 	1	•	1	\$127.00	-		1	 	1	ļ			
Humana Insurance Company	DMID Cold with Enhanced David	Dian ED							£200.20	672.20	_					_	00	
Rocky Mountain Health Plans RMHP / RM	RMHP Gold with Enhanced Drug surance Company Humana Gold Choice PFFS H18			-	 	•	+•	+	\$200.39 \$0.00	\$73.39 \$0.00	•	1	 	•		· •	96 97	•
RMHP 5 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 7 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 8 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 1		04-061				•	-	-	\$8.00		•			•			97	•
RMHP / RMHP S WS RMHP F RMHP S WS RMHP F RMHP S RMHP F RMHP S RMHP F RMHP S	RMHP Standard Plan - WS						•	-		-								
RMHP 6 WS RMHP F WS RMHP F RMHP R RMHP F RMHP R R RMHP R R RMHP R R RMHP R R RMHP R R RMHP R R RMHP R R RMHP R R RMHP R R RMHP R R R R R R R R R R R R R R R R R R R		Disc					•	-	\$30.00	- \$40.56							00	
WS RMHP F RMHP F TELLER Humana Insurance Company Humana Rocky Mountain Health Plans RMHP A RMHP F RMHP F RMHP F RMHP F RMHP C RMHP C RMHP C RMHP C RMHP C RMHP C RMHP C RMHP C Secure Horizons Medicare Advantage Plan Secure Secure Secure Secure Secure Secure Secure RMHP C Secure RMHP C Secure RMHP C	RMHP AB Basic with Basic Drug						•	1	\$48.56	\$40.56	•			•			96	•
RMHP F RMHP F RMHP F RMHP A ROCKY Mountain Health Plans RMHP A RM	RMHP Standard with Standard D	rug Pian -							670.50	640.50							00	
RMHP F RELLER Humana Insurance Company Humana Rocky Mountain Health Plans RMHP 7 RMHP 5 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 1 RMHP 8 RMHP 1 RMHP 8 ROCKY Mountain Health Plans RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 7 RMHP 7 RMHP 8 RMHP 6 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 8 RMHP 7 RMHP 8 RMHP							•		\$70.56	\$40.56	•			•			96	•
Humana Humana Humana Humana Humana Rocky Mountain Health Plans RMHP 2 RMHP 3 RMHP 4 RMHP 5 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 8 RMHP 8 RMHP 8 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 9 RMHP 1	RMHP Plus Plan - WS						•		\$112.00	-								
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Rocky Mountain Health Plans RMHP 2 RMHP 3 RMHP 4 RMHP 5 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 7 RMHP 7 RMHP 8 RMHP 6 RMHP 1 Secure Secure Secure Secure Secure Secure Secure Secure Secure RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RM	RMHP Plus with Enhanced Drug						•		\$185.39	\$73.39	•			•		•	96	•
Rocky Mountain Health Plans RMHP 7 RMHP 8 RMHP 7 RMHP 9 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 1 RMHP 1 RMHP 8 RMHP 1 RMHP 1 RMHP 8 RMHP 1 RMHP 1 RMHP 8 RMHP 1 RMHP 8 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 6 RMHP 6 RMHP 7 RMHP 7 RMHP 6 RMHP 7 RMHP 7 RMHP 7 RMHP 7 RMHP 7 RMHP 7 RMHP 6 RMHP 7 RM						•			\$0.00	\$0.00	•			•			97	•
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RMHP 5							•		\$8.00	-								
RMHP / RMHPS FR RMHPS FR RMHP (RMHP	RMHP Thrifty Plan - FR						•		\$17.00	-								
RMHP 6 FR RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 Secure Secure Secure Secure Sterling Option I Sterling WASHINGTON Humana Insurance Company Humana Rocky Mountain Health Plans RMHP 7 RMHP 7 RMHP 8 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 7 RMHP 7 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 6 RMHP 7 RMHP 7 RMHP 7 RMHP 7 RMHP 7 RMHP 7 RMHP 8 RMHP 6 RMHP 6 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 7 RMHP 8	RMHP Standard Plan - FR	51					•		\$22.00	-								
Secure Horizons Medicare Advantage Plan Secure Secure Se	RMHP AB Basic with Basic Drug						•		\$48.56	\$40.56	•			•			96	•
RMHP 0 RMHP 0 Secure Horizons Medicare Advantage Plan Secure Secure	RMHP Standard with Standard D	rug Plan -																
RMHP C Secure Horizons Medicare Advantage Plan Secure Secure Secure Secure Secure Sterling Option I Sterling WASHINGTON Humana Insurance Company Humana Rocky Mountain Health Plans RMHP 7 RMHP 8 RMHP 8 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 7 RMHP 8 RMHP 7 RMHP 8 RMHP							•		\$62.56	\$40.56	•			•			96	•
Secure Horizons Medicare Advantage Plan Secure	RMHP Gold Plan - FR						٠		\$127.00	-								
Secure Horizons Medicare Advantage Plan Secure																		
Plan Secure	RMHP Gold with Enhanced Drug	Pian - FR				ļ	•		\$200.39	\$73.39	•			•		•	96	•
Secure SecureHorizons Direct Secure SecureForian Option I Sterling WASHINGTON Humana Insurance Company Humana Rocky Mountain Health Plans RMHP 7 RMHP 1 RMHP 5 RMHP 6 RMHP 6 RMHP 7 RMHP 5 RMHP 7 RMHP 8						1												
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SecureHorizons Direct SecureHorizons Direct SecureHorizons Direct SecureHorizons Direct SecureHorizons Sterling Option I Sterling WASHINGTON Humana Insurance Company Humana Humana Rocky Mountain Health Plans RMHP 7 RMHP 7 RMHP 8 RMHP 8 RMHP 8 RMHP 8 RMHP 8 RMHP 8 FR							1						l		l			
Securel Sterling Option I Sterling WASHINGTON Humana Insurance Company Humana Rocky Mountain Health Plans RMHP 7 RMHP 1 RMHP 8 RMHP 6 RMHP 6 RMHP 6 RMHP 7 RMHP 8	Secure Horizons Classic Plan		٠			ļ		1	\$30.00	\$14.43	•			•			81	•
Sterling Option I Sterling WASHINGTON Humana Insurance Company Humana Humana Rocky Mountain Health Plans RMHP 7 RMHP 1 RMHP 5 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 6 RMHP 7						•		1	\$25.00	-								
WASHINGTON Humana Insurance Company Humana Humana Rocky Mountain Health Plans RMHP 4 RMHP 1 RMHP 8 RMHP 6 RMHP 6 RMHP 6	SecureHorizons Direct Premier P	rian 200			 	•		ļ	\$85.00	-		1						
Rocky Mountain Health Plans RMHP 7 RMHP 7 RMHP 8 RMHP 9 RMHP 9 RMHP 9					 	•		ļ	\$9.00	-		1						
Rocky Mountain Health Plans RMHP / RMHP 1 RMHP 5 RMHP 6 RMHP 6 RMHP 8		04-148				•		1	\$49.00	\$12.58			•				97	•
RMHP1 RMHP3 RMHP3 FR	Humana Gold Choice PFFS H18	04-063				•		1	\$54.00	\$20.77	•			•			97	•
RMHP S RMHP A RMHP S FR						ļ	•		\$8.00	-								
RMHP # RMHP S FR	RMHP Thrifty Plan - FR					ļ	•		\$17.00	-								
RMHP S FR	RMHP Standard Plan - FR				ļ	 	•		\$22.00	-		<u> </u>			ļ			
FR	RMHP AB Basic with Basic Drug						•		\$48.56	\$40.56	•			•			96	•
	RMHP Standard with Standard D	rug Plan -					1			1			l		l			
							•		\$62.56	\$40.56	•			•			96	•
RMHP	RMHP Gold Plan - FR						•		\$127.00	-								
	RMHP Gold with Enhanced Drug				I		1	1	\$200.39	\$73.39			l		l		96	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	contracts/plans approved as	Description									Cost	•				erage		Convenience
		Plan Name	Me		ype of Advantage	Plan			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Type of Additional Coverage Offered in Drug Coverage Gap				
County	Organization Name		нмо	Local PPO	Regional PPO	Private Fee-for- Service		Cost Demo			Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WELD	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•		``	•			97	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	•						\$0.00	\$0.00	•			•			72	
		Senior Advantage Silver MA-PD Part B	•						\$0.00	\$0.00			•	•			72	
		Senior Advantage Gold MA-PD	•						\$88.00	\$14.50	•			•	•		72	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Thrifty Plan - FR					•		\$17.00	-								
		RMHP Standard Plan - FR					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan -																
		FR					•		\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - FR					•		\$127.00									
		RMHP Gold with Enhanced Drug Plan - FR							\$200.39	\$73.39				•			96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan CH No Rx	•						\$0.00									
		Evercare Plan IP		•					\$27.43	\$27.43				•			97	•
		Evercare Plan DH							\$28.92	\$28.92				•			97	•
		Evercare Plan CH							\$34.00	\$34.00				•			97	•
YUMA	Humana Insurance Company	Humana Gold Choice PFFS H1804-148			ļ	•			\$49.00	\$12.58		 	•				97	•
	Dealer Manataia Health Diag	Humana Gold Choice PFFS H1804-063				•	<u> </u>		\$54.00	\$20.77	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-		ļ						
<u> </u>		RMHP Thrifty Plan - FR		<u> </u>	<u> </u>	<u> </u>	٠		\$17.00	-								
-		RMHP Standard Plan - FR		-		-	•	-	\$22.00	- \$40.56	 	ļ					00	
l		RMHP AB Basic with Basic Drug Plan RMHP Standard with Standard Drug Plan -				-	•		\$48.56	\$40.56	•	1		•			96	•
		FR							\$62.56	\$40.56				•			96	•
		RMHP Gold Plan - FR				ļ	•		\$127.00	-		ļ						
		RMHP Gold with Enhanced Drug Plan - FR							\$200.39	\$73.39				•		•	96	•